

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/13/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155530</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/03/2012</b>	
NAME OF PROVIDER OR SUPPLIER  <b>SOUTH SHORE HEALTH &amp; REHABILITATION</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>353 TYLER ST</b> <b>GARY, IN 46402</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for the Investigation of Complaint IN00113097.</p> <p>This visit was in conjunction with a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on April 27, 2012.</p> <p>This visit was in conjunction with a PSR to the Investigation of Complaint IN00105351 completed on March 17, 2012, which resulted in an extended survey-Immediate jeopardy.</p> <p>This visit was in conjunction with a PSR to a Health Comparative Federal Monitoring Survey completed on June 8, 2012.</p> <p>Complaint IN00113097-Substantiated. No deficiencies related to the allegation are cited.</p> <p>Survey dates: July 31, August 1, 2, &amp; 3, 2012</p> <p>Facility number: 000369 Provider number: 155530 AIM number: 100275190</p> <p>Survey team: Lara Richards, RN, TC Heather Tuttle, RN (7/31-8/2/12)</p> <p>Census bed type: SNF/NF: 79 Total: 79</p> <p>Census Payor type: Medicare: 8 Medicaid: 68</p>			F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 000	<p>Continued From page 1</p> <p>Other: 3 Total: 79</p> <p>Sample: 15</p> <p>South Shore Health and Rehabilitation was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the Investigation of Complaint IN00113097.</p> <p>Quality review completed 8/9/12 Cathy Emswiller RN</p>			F 000			